

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

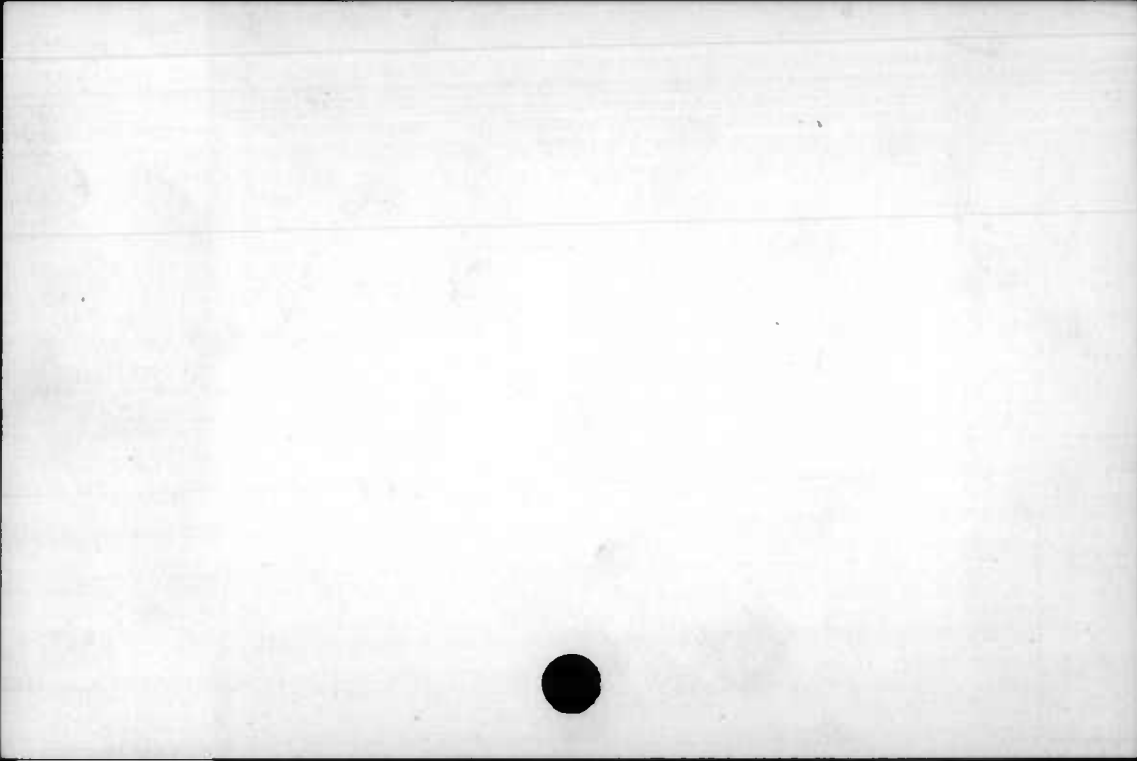
Name in Full Maggie Elvia Baker		Town Salisbury		County Wicomico		MARYLAND					
Died at Salisbury		Month May		Day 12		Years 7		Months 5		Days 28	
Date of death 1907		Sex Female		Color or Race White		Birth-place MD					
Occupation School girl		Where Residing if not at place of death near Pittsville MD									
Married, Single or Widowed -		Name of Wife or Husband -									
Father's Name Slidell Baker		Father's Birthplace Del									
Mother's Maiden Name Annie J Donaway		Mother's Birthplace MD									
Name of person giving information Slidell Baker		How related to deceased Father									

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary Appendicitis	How long 1 week
Immediate Septic intoxication	How long 2 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. M. Smith
	Address Salisbury, Md.
Accident or Suicide? no	



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julia Carmine

Died at Salisbury Town

McComie County

MARYLAND

Date

of death 1907

Month

May

Day

5

Age

Years

71

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Annapolis, Md

Occupation

Housework

Where Residing if not
at place of death

Annapolis, Md

Married, Single
or Widowed

widow

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
in information

Hospital

How related
to deceased

None

CAUSES OF DEATH

Primary

Cancer of liver

How long

2 years!?

Immediate

Exhaustion

How long

Few days

Are the name, age, sex, color, date
and place correctly given above?

So far

Signature of
Physician

Address

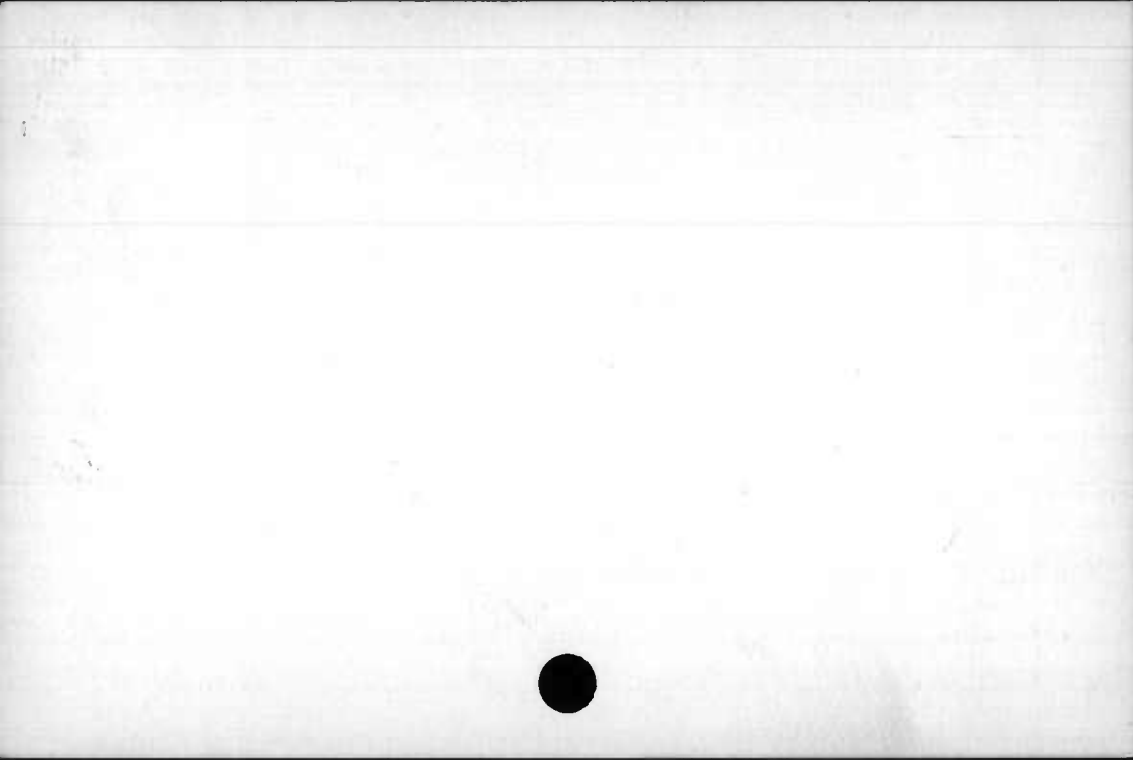
J. M. Cadell
Salisbury, Md

as I can ascertain

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
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Name *John W S Carroll*

Town *Salisbury* County *Wicomico*

Died at *Salisbury*

Date of death *1907* Month *May* Day *3* Age *1* Years Months *13* Days

Sex *male* Color or Race *Black* Birth-place *Md*

Occupation *Infant* Where Residing if not at place of death *Salisbury*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John W Carroll* Father's Birthplace *Md*

Mother's Maiden Name *Sella Henry* Mother's Birthplace *Md*

Name of person giving information *John W Carroll* How related to deceased *Father*

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary *do not know* How long

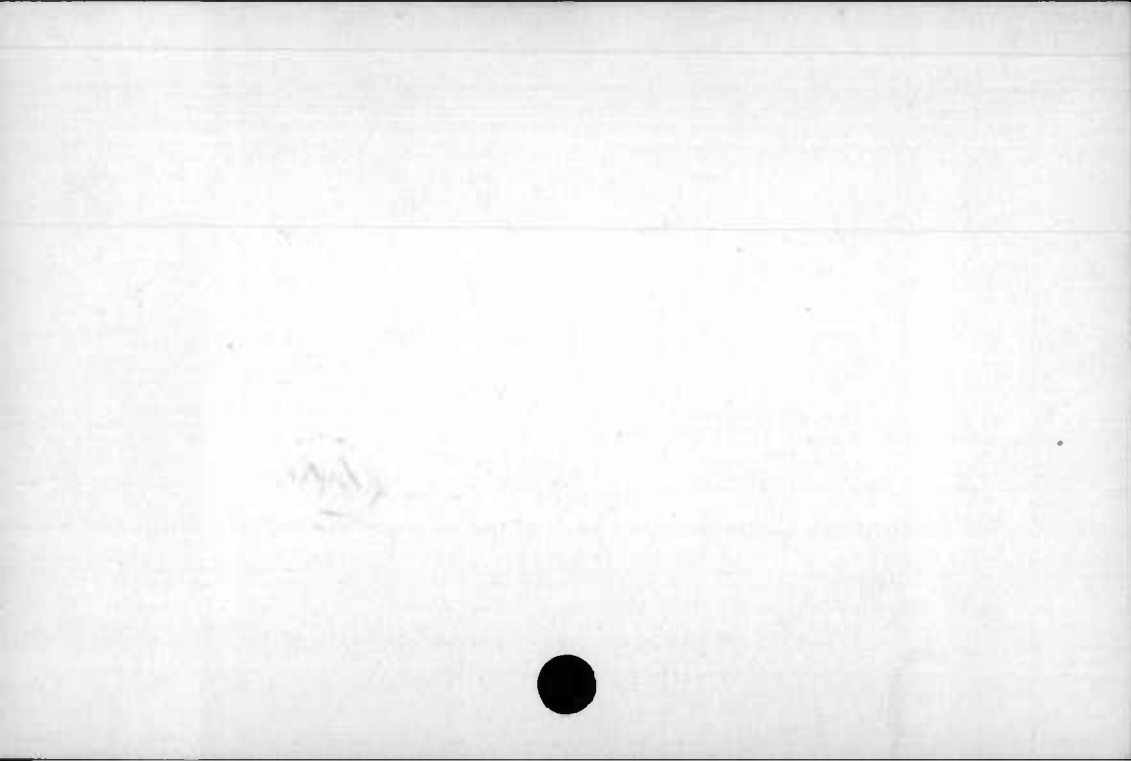
Immediate *dysentery* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr C R Smith*

Address *Salisbury Md*

Accident or Suicide?



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Infant no name Dashiell

Town Salisbury County Worcester MARYLAND

Died at

Date of death 1907 May 28 Age 12

Sex Female Color or Race Black Birth-place Salisbury Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Seth Dashiell

Father's Birthplace Md

Mother's Maiden Name Lula Thompson

Mother's Birthplace Md

Name of person giving information Seth Dashiell

How related to deceased Father

CAUSES OF DEATH

151
How longPHYSICIAN
OR CORONER

Primary Premature Birth

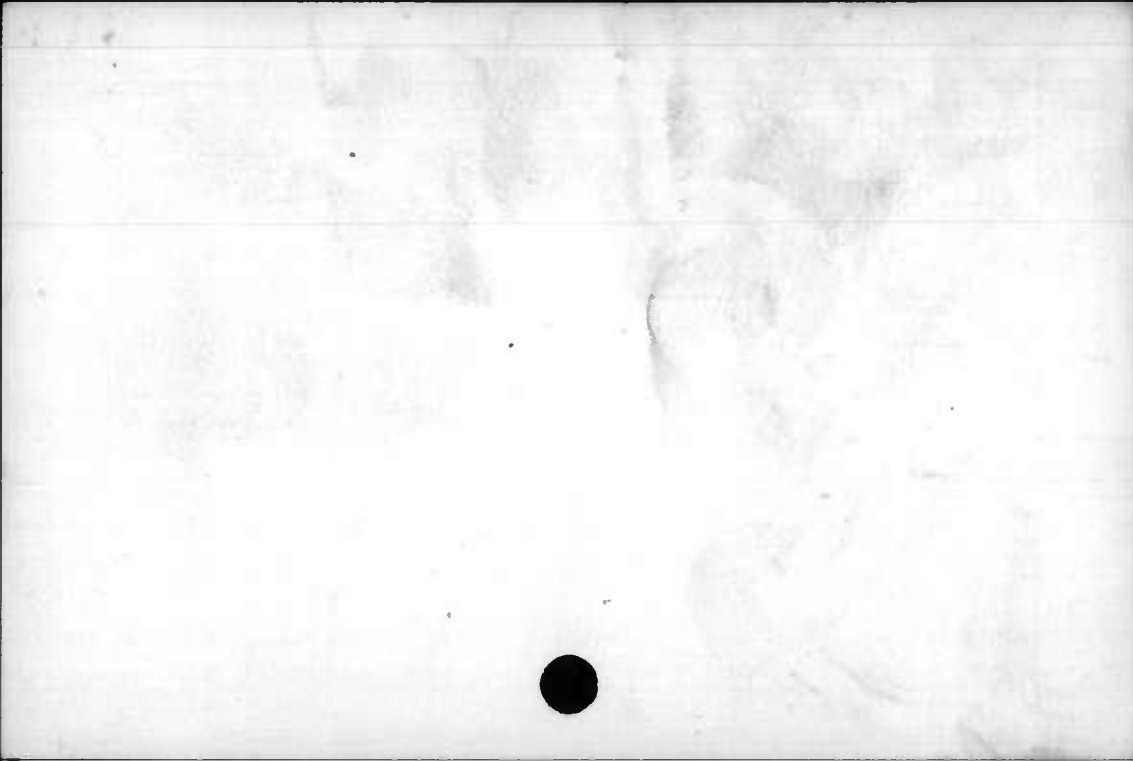
Immediate Don't know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo. A. Ford

Address Salisbury Md

Accident or Suicide?



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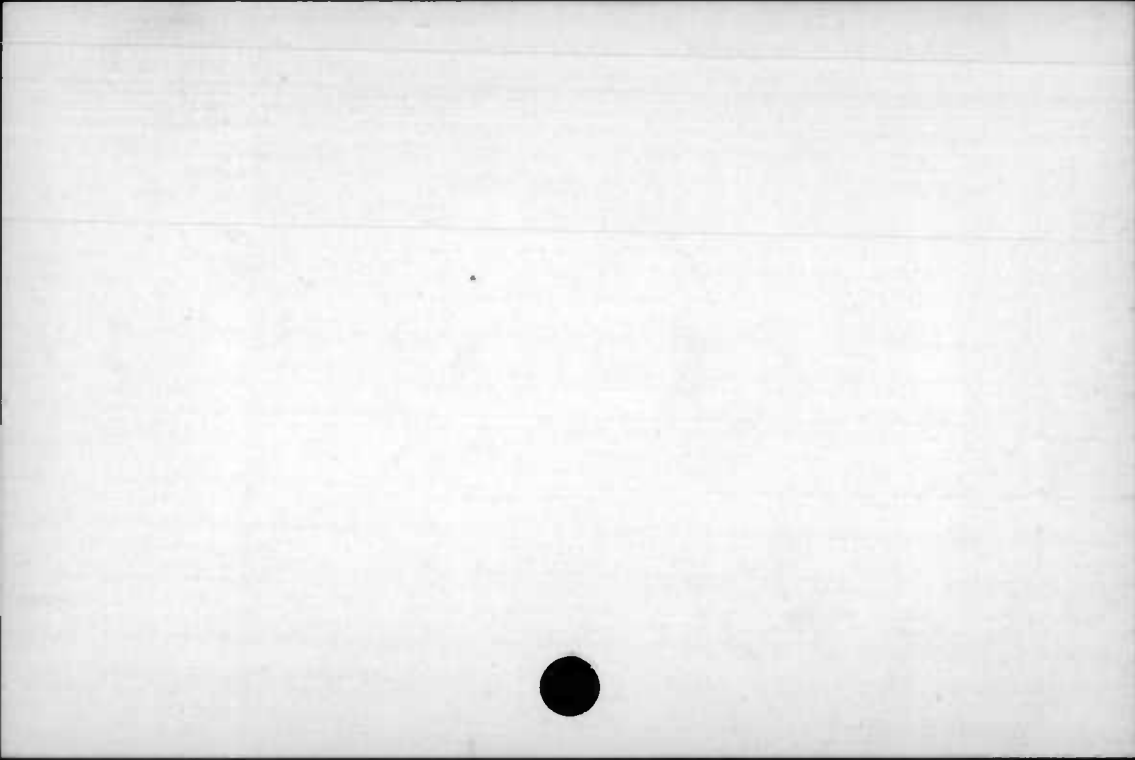
Name *W. Frank, Laugherty* Town *Neenah* County *Winnebago*
Died at *Neenah Springs* MARYLAND
Date of death *1907* Month *May* Day *2* Age *55* Years Months Days
Sex *Male* Color or Race *white* Birth-place *Ind.*
Occupation *Farmer* Where Residing if not at place of death *Ind.*
Married, Single or Widowed *Married* Name of Wife or Husband *Maya, Laugherty*
Father's Name *Thomas, Laugherty* Father's Birthplace *Ind.*
Mother's Maiden Name *Maya, Pearson* Mother's Birthplace *Ind.*
Name of person giving information *Maya, Laugherty* How related to deceased *wife*

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary *Heart-Failure* How long *---*
Immediate *Heart-Failure* How long *---*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. L. English* Address *Neenah Springs*
Accident
Accident or Suicide? *---*



Name
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Elijah Treney

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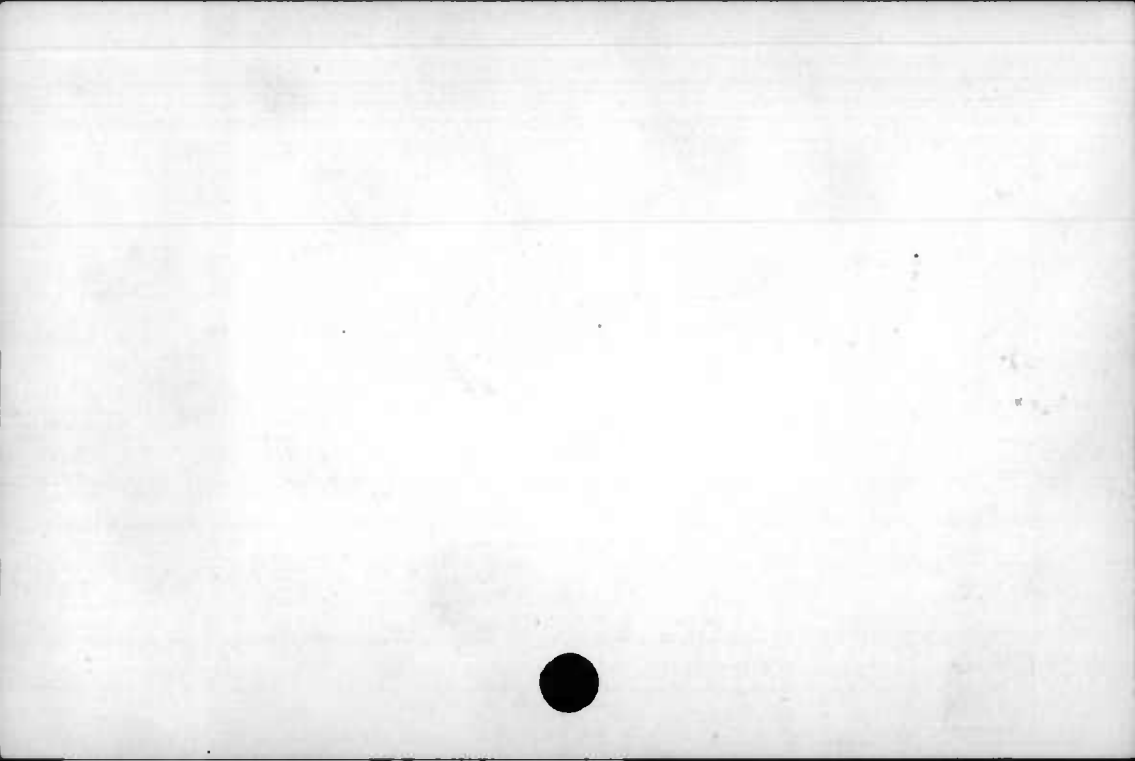
Died at <u>Delmar</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>14</u>	Years <u>83</u>	Months <u>8</u>	Days <u>27</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Wicomico County</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>X</u>		
Married, Single <input checked="" type="checkbox"/> Widowed <u>Widowed</u>		Name of Wife or Husband <u>Martha Ellen Treney, deceased</u>			
Father's Name <u>John Treney</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Katilda Brown</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Henry B Treney</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <u>Interruption</u>	How long <u>3 days</u>
Immediate <u>Sick Stomach, Weak Heart</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Robert Ellgood</u>
	Address <u>Delmar Del</u>
Accident or Suicide? <u></u>	



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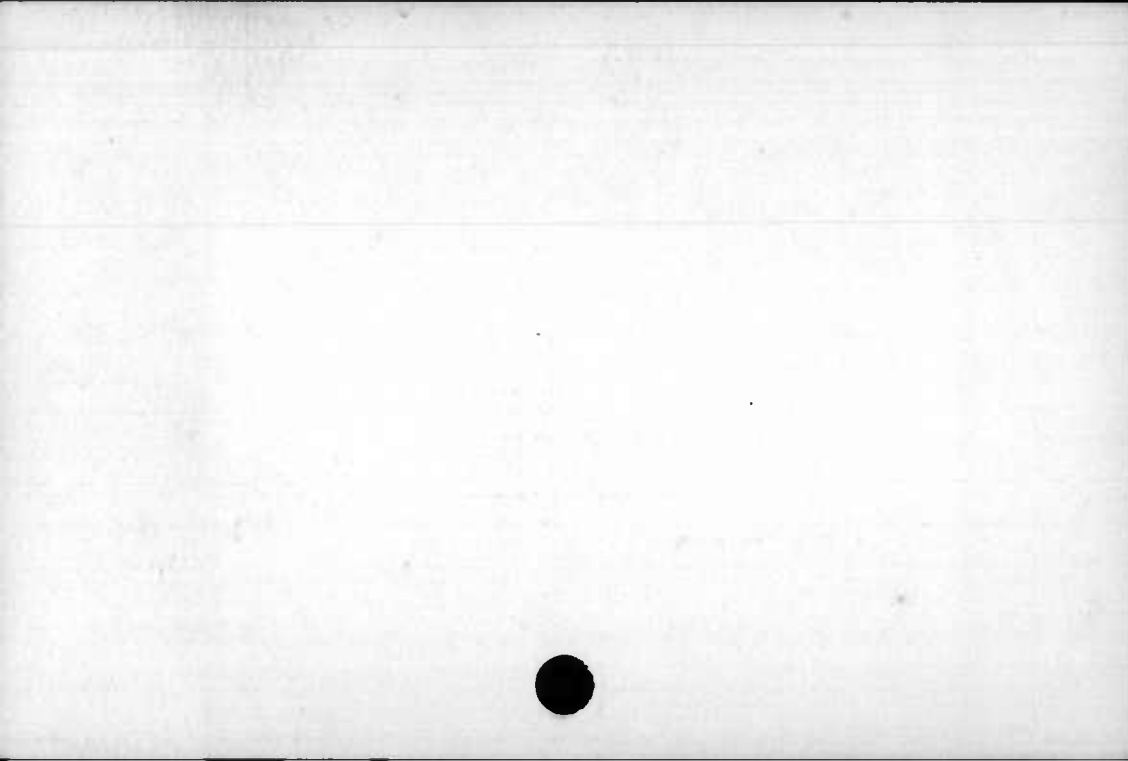
Died at <i>P. G. Hospital Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>5th</i>	Age <i>18</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Salisbury Md.</i>				
Occupation <i>Housework</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Thomas Furr</i>	Father's Birthplace <i>Salisbury Md.</i>						
Mother's Maiden Name <i>Henrietta Robinson</i>	Mother's Birthplace <i>Anderson</i>						
Name of person giving information <i>Thomas Furr</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Apnea</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. ...</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



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MARYLAND

Died at *Allen* TownCounty *Mei*Date of death *1907 May*

Month

Day *6th*

Years

Age *77*

Months

Days

Sex *Female*Color or
Race *White*Birth
place *Hopkins Island
Talbot Co*Occupation *Housekeeper*Where Residing if not
at place of death *Allen Md*Married, Single
or Widowed *Single*Name of Wife or
Husband *Jess T Gosler*Father's
Name *Mrs A Runk*Father's
Birthplace *Hopkins Is.*Mother's
Maiden Name *Susan Mayhew*Mother's
Birthplace *Hopkins Is.*Name of person giving
In formation *Major T Gosler*How related
to deceased *Son*

CAUSES OF DEATH

179

Primary

General Debility

How long

Several years

Immediate

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

*J. I. T. Long
Allen*

Accident or Suicide?



Name
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Frank W. Hall

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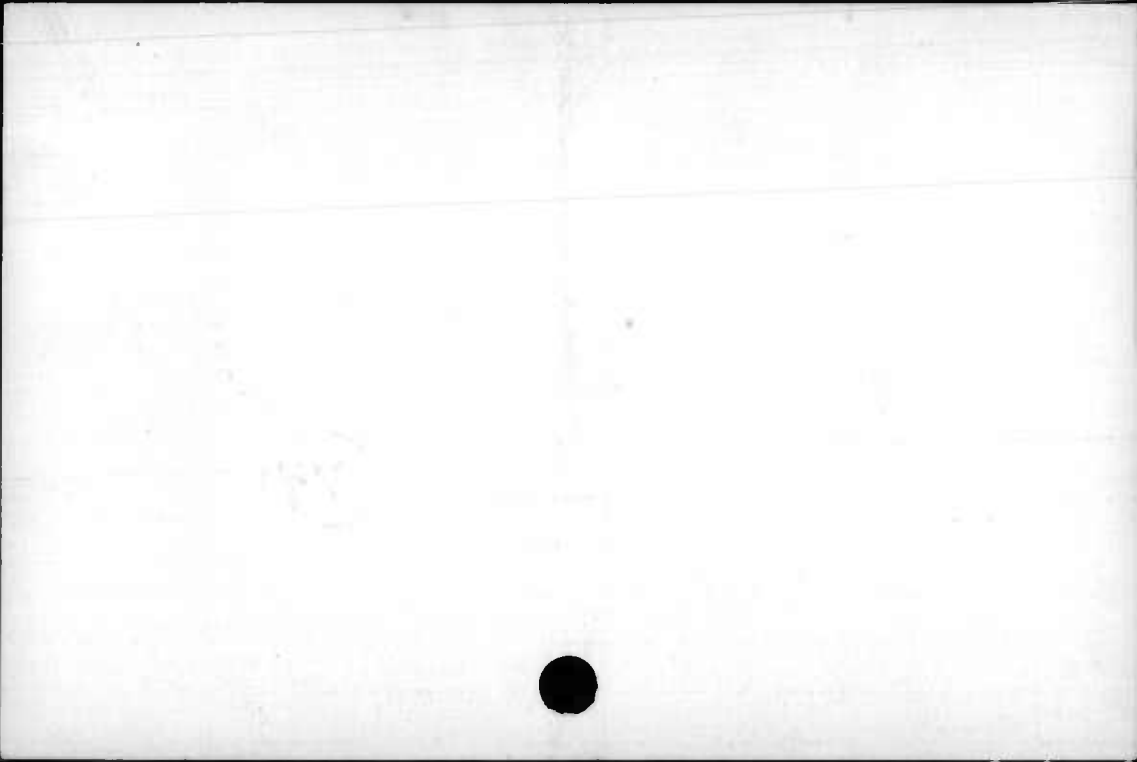
Died at		Town Hebron		County Winnebago		MARYLAND	
Date of death	1907	Month May	Day 7	Age 31	Years	Months —	Days
Sex	male		Color or Race	white		Birth- place	Pittsville
Occupation	Mechanicist			Where Residing if not at place of death —			
Married, Single or Widowed	Name of Wife or Husband			Bulah Hall			
Father's Name	James Hall				Father's Birthplace	Pittsville Md.	
Mother's Maiden Name	Sarah Hall				Mother's Birthplace	Pittsville Md.	
Name of person giving Information	Winal Watson				How related to deceased	Friend	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	H. E. Conaway
Address	Hebron Md
Accident or Suicide?	



Name
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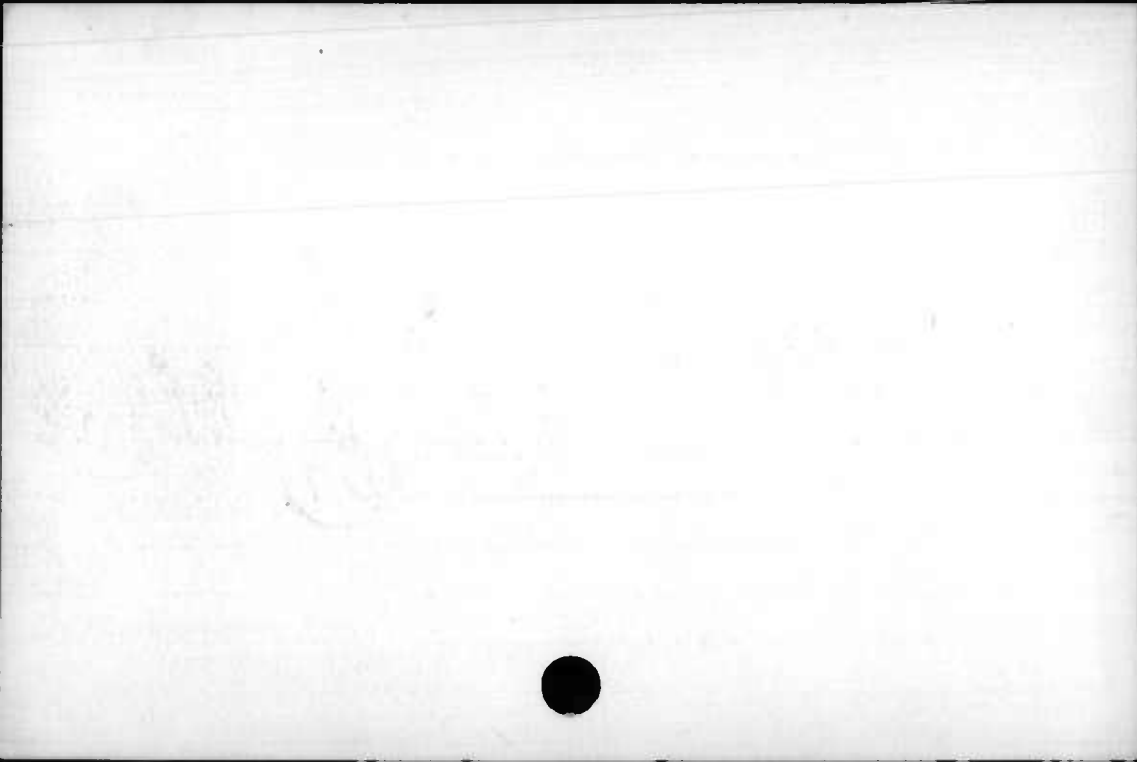
Name in Full <i>Mary E. Hitchum</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>May</i>		Day <i>28</i>		Years <i>6</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>23</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Daniel A. Hitchum</i>				Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Mahala E. Maddey</i>				Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Mahala E. Hitchum</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular heart disease</i>		How long <i>Lifetime</i>	
Immediate <i>Asthenia</i>		How long <i>few seconds</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Harris</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide? <i>no</i>			



Name
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Mary E. Johnson

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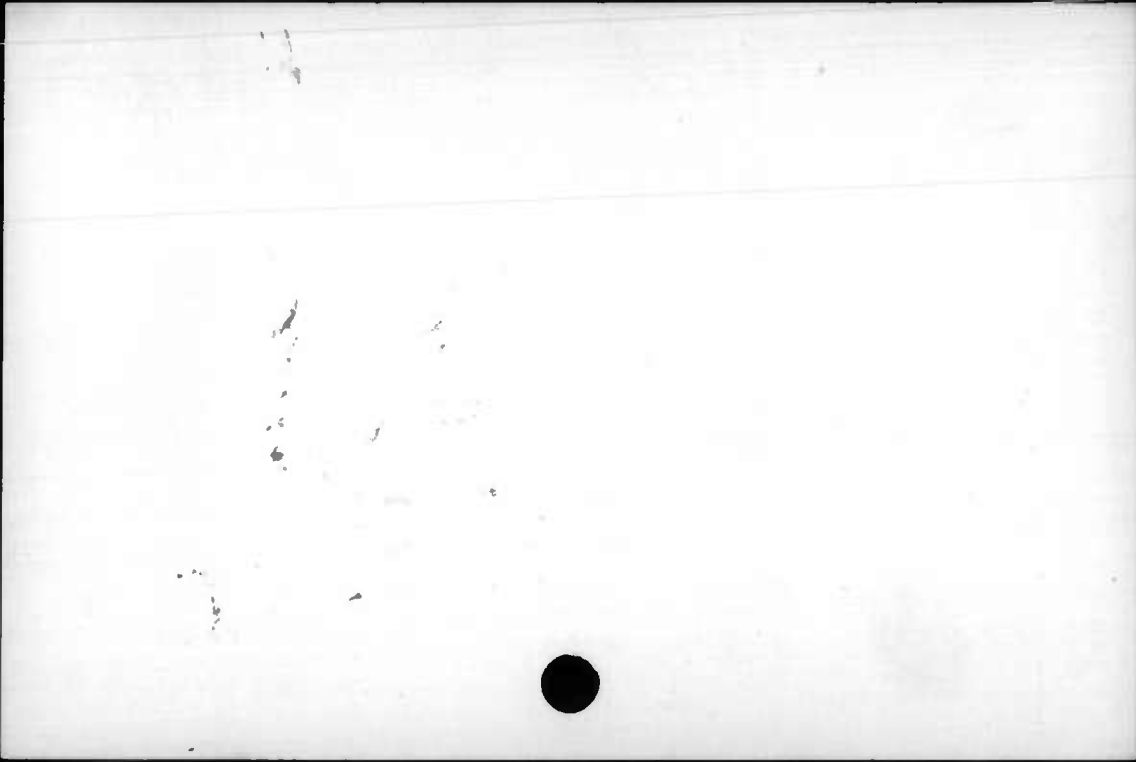
Died at <i>near Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>21st</i> <small>Year</small>	<i>8</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Worcester Co., Md.</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Wm H. Johnson</i>			Father's Birthplace <i>Worcester Co., Md.</i>		
Mother's Maiden Name <i>Maggie W. Hancock</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Wm H. Johnson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>2 months</i>
Immediate	<i>Collapse & failure of heart & brain</i>	How long	<i>5 or 6 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>Louis W. Morris M.D.</i>	
		Address	
		<i>Salisbury Md.</i>	
Accident or Suicide?			



Name
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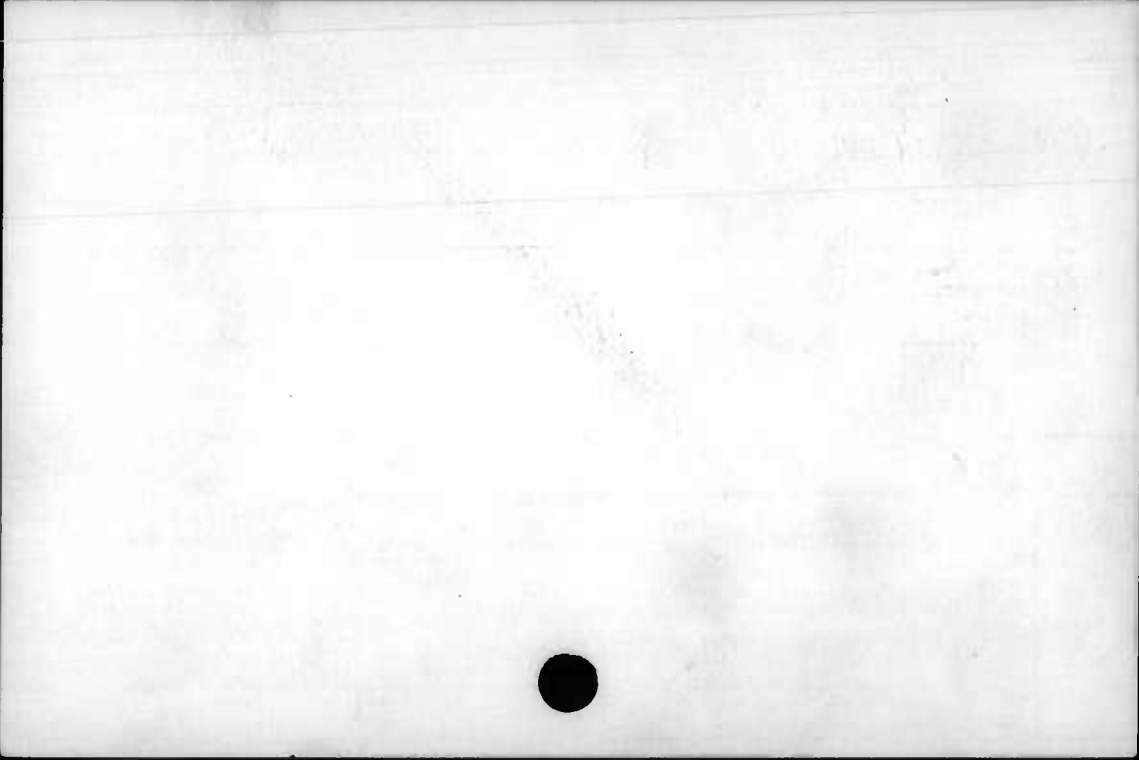
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1907</i>	<i>May</i> Month	<i>21</i> Day	Age <i>59</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth Place <i>Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife Husband <i>George W Leonard of 6</i>				
Father's Name <i>Can't find</i>	Father's Birthplace <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>		
Mother's Maiden Name	Name of person giving information <i>Living W Leonard of 6</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(64)</i>	How long
Immediate <i>Apoplexy</i>		How long <i>4 or 5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. Humphreys</i>	
	Address <i>Salisbury, Md.</i>	
Accident or Suicide? <i>No.</i>		



Name

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Full

CERTIFICATE OF DEATH

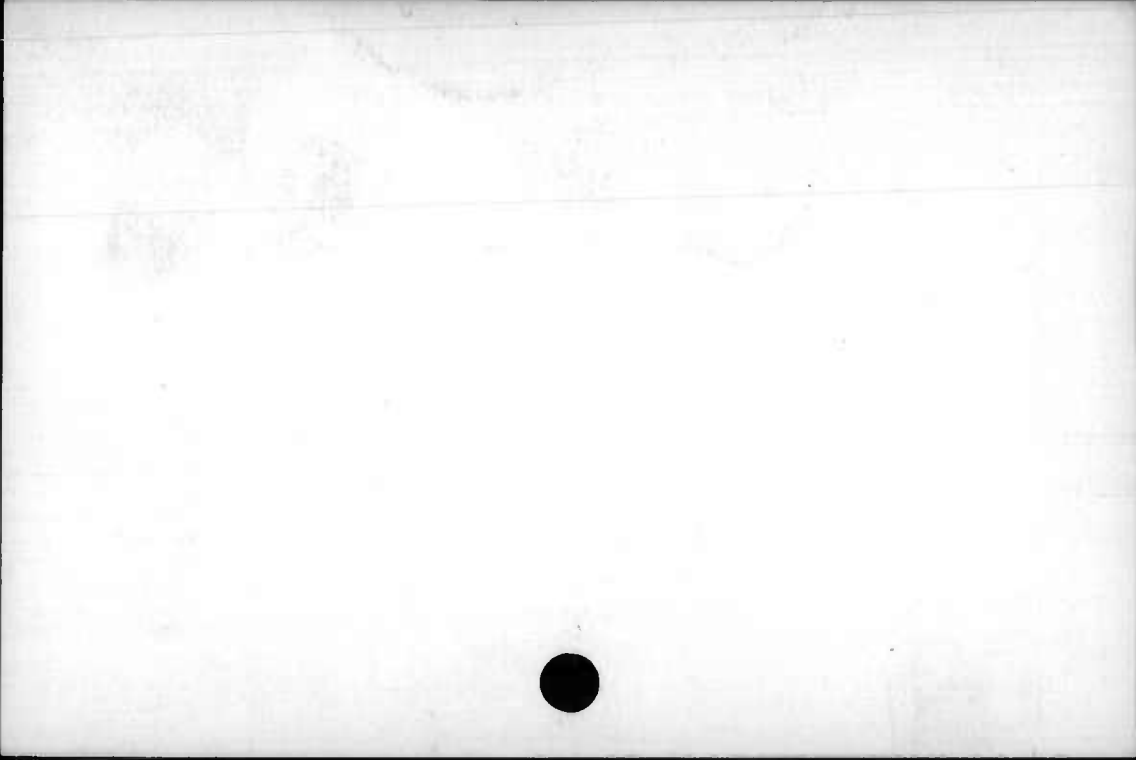
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Amelia Long</i>		Town <i>Salisbury</i>		County <i>Micomiche</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>May</i>		Day <i>12</i>		Years <i>18</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>12</i>		Age <i>18</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Id</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed? <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Long</i>		Father's Birthplace <i>Id</i>					
Mother's Maiden Name <i>Susan Edwards</i>		Mother's Birthplace <i>Id</i>					
Name of person giving information <i>John Long</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>27</i>	How long <i>Don't know</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>A. M. Clemmons M.D.</i>
		Address <i>Salisbury Md.</i>
Accident or Suicide?		



Name
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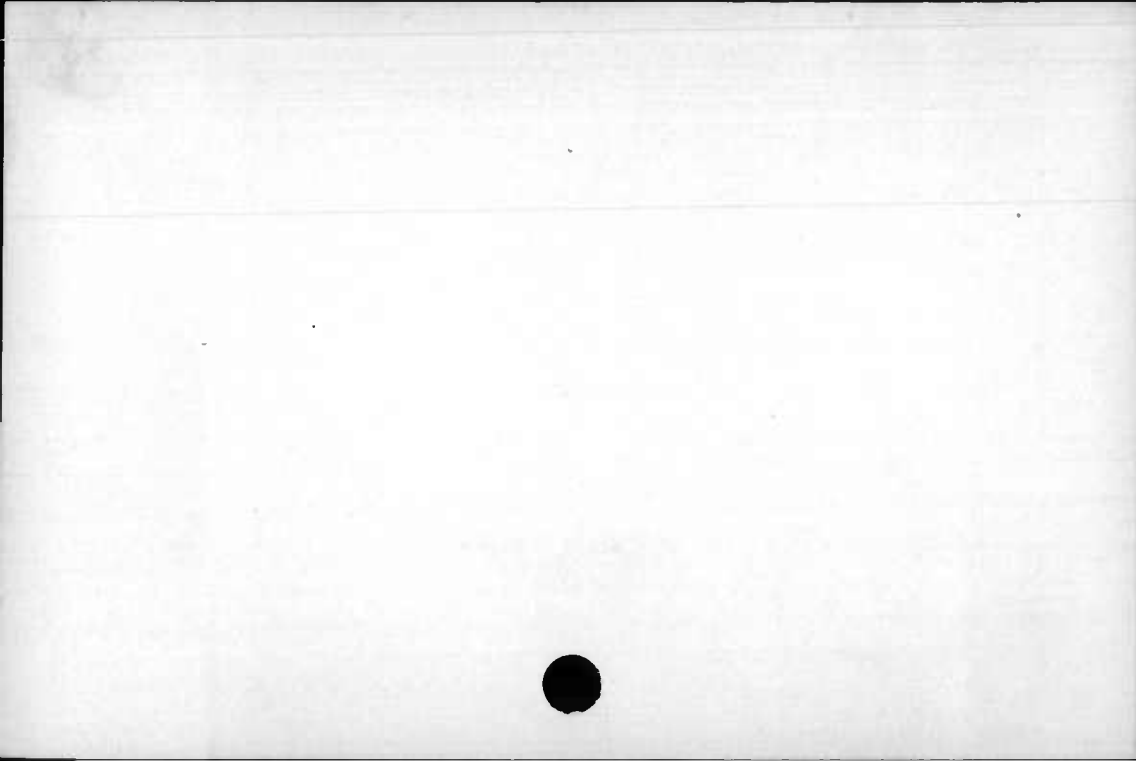
Died at <i>near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>11</i>	Age <i>86</i>	Years <i>1</i>	Months <i>23</i>	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Del</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Mary E. Merrill</i>				
Father's Name <i>Abraham Merrill</i>			Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Betsy Benson</i>			Mother's Birthplace <i>Del</i>				
Name of person giving information <i>William T Merrill</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary	<i>Erysipelas of face & hand</i>	How long	<i>7 days</i>
Immediate	<i>Compd of Fox acumin</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. Reem</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name
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William D B Messick

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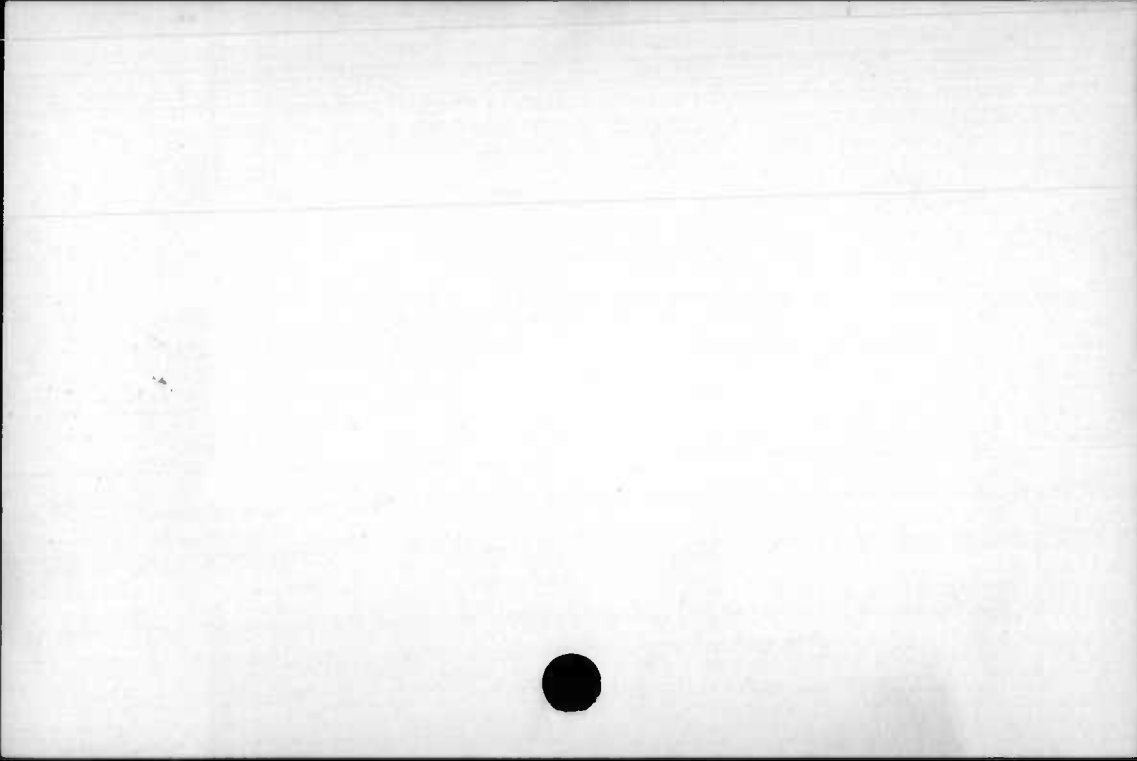
Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>May</i> <small>Day</small>	<i>6</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md</i>
Occupation	<i>Mason</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<i>Henrietta A Messick</i>		
Father's Name	<i>James Messick</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Don't know</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Leon Messick</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

(91)

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis & Cardiac Complications</i>	How long	
Immediate	<i>Transition with Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Clements M.D.</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?			



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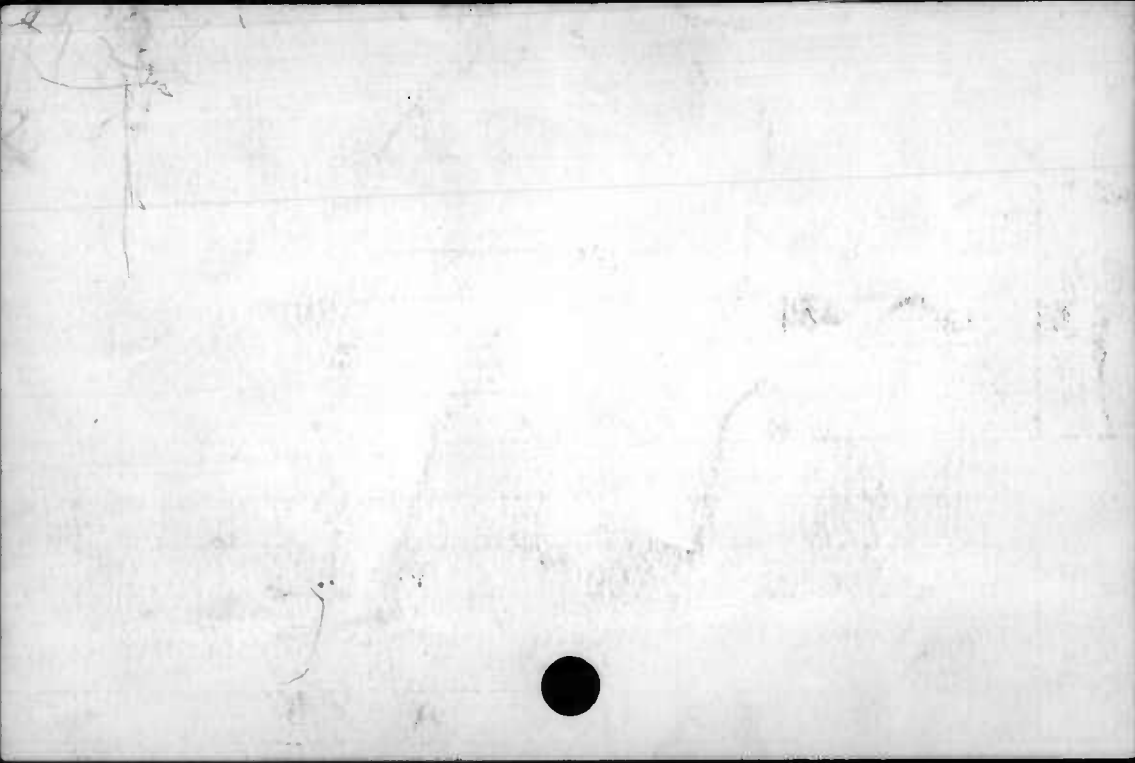
Died at <i>home</i>		Town <i>Warner Co</i>		County <i>Warner Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>3</i>	Age <i>55</i>	Months	Days		
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Warner Co</i>				
Occupation <i>house keeper</i>			Where Residing if not at place of death <i>home</i>				
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Lerah Esther Myrick</i>					
Father's Name <i>John Cadmus Rachell Myrick</i>				Father's Birthplace <i>Warner Co</i>			
Mother's Maiden Name <i>Lerah Esther Davis</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>German Myrick</i>				How related to deceased			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>few minutes</i>
Immediate <i>Heart Failure</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Carter, M.D.</i>
	Address <i>White House - Warner Co - Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
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Phoebe Morris

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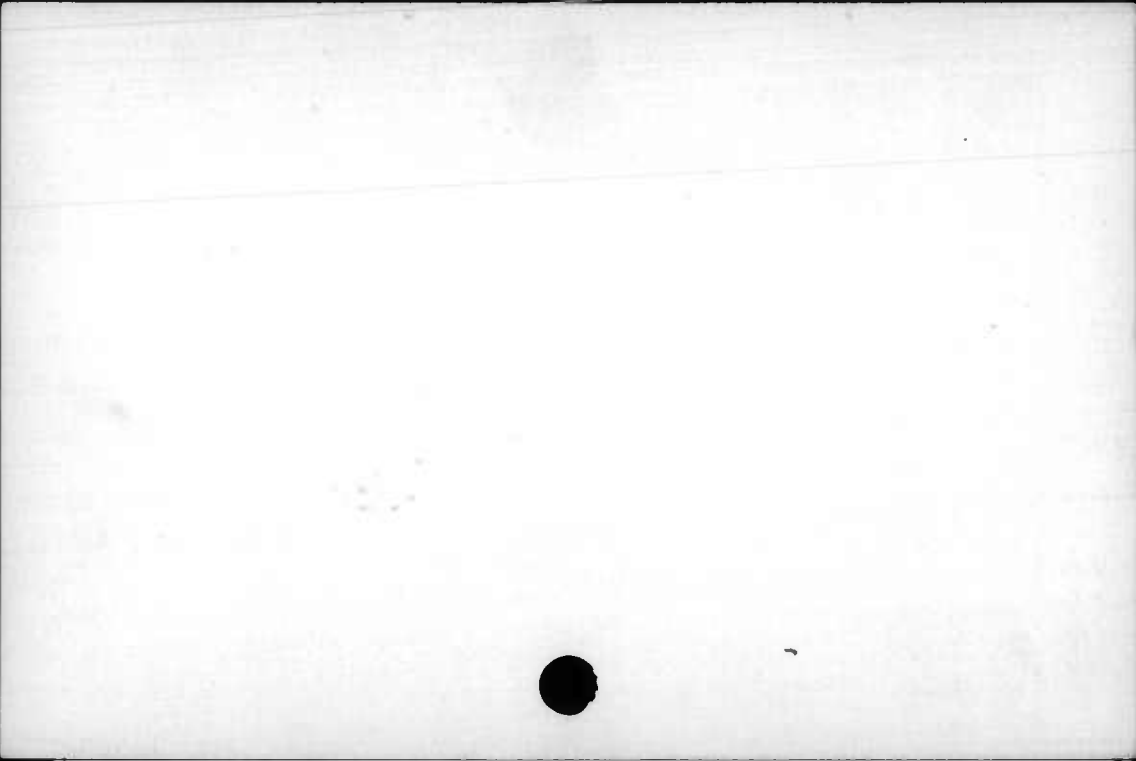
Died at <i>Termitland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>6th</i>	Age <i>89</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Daniel Morris</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>James King</i>	How related to deceased				

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Atherosclerosis, Senile.</i>	How long <i>1 year or more</i>
Immediate <i>General Emaciation & heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Louis C. Deems M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

Sarah Francis Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

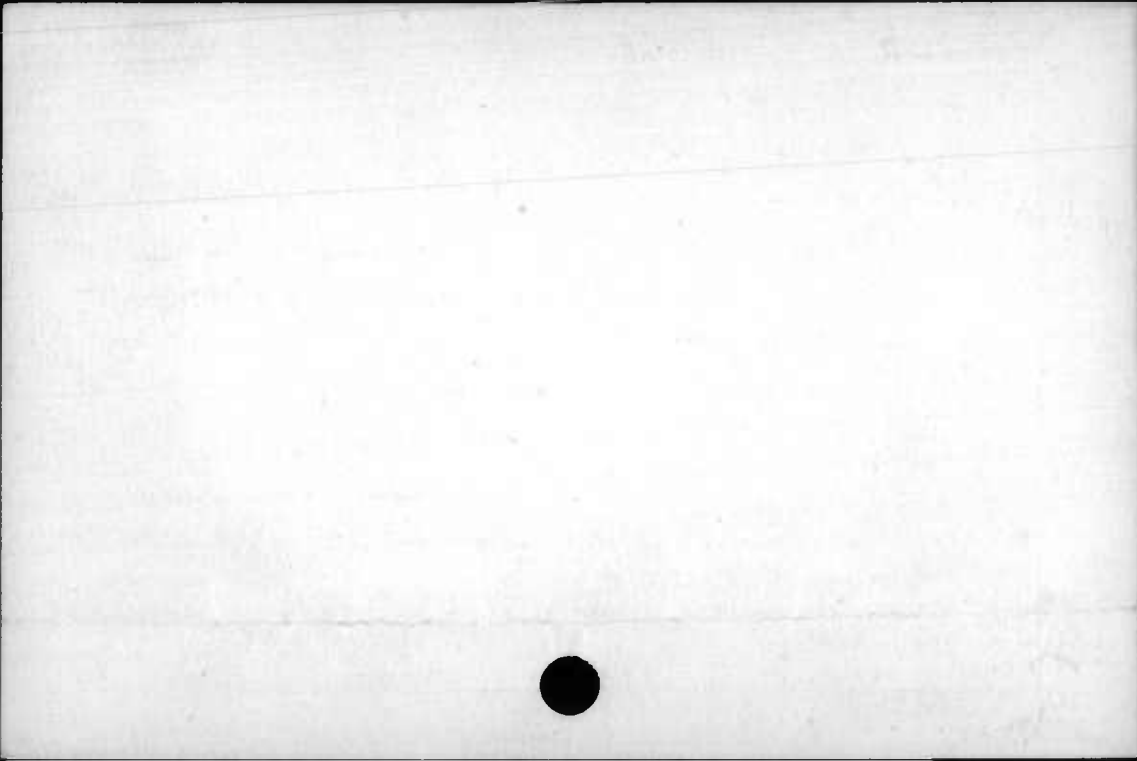
Died at		Town Nanticoke		County Wicomico		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		May	4	2	1	4	
Sex	Female		Color or Race	colored		Birth-place	Nanticoke
Occupation	House keeping			Where Residing if not at place of death		Nanticoke	
Married, Single or Widowed	married		Name of Wife or Husband		Wesley T. Rutter		
Father's Name	Jackriah Rutter				Father's Birthplace	Nanticoke	
Mother's Maiden Name	Sarah Rutter				Mother's Birthplace	Nanticoke	
Name of person giving information	Wesley T. Rutter				How related to deceased	Husband	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	How long
Stomach Trouble	4 weeks
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Dr. J. H. O'Day
	Address
	Westonville
	Prind
Accident or Suicide?	



Name
in
Full

Lulu Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wetzel</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1907	Month	5	Day	22
Age		29		Months	
Sex	Female		Color or Race	white	
Occupation	housekeeper		Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Granville Owens	
Father's Name	Thos. Measick		Father's Birthplace		
Mother's Maiden Name	Medie Measick		Mother's Birthplace		
Name of person giving information	Granville Owens		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Circulation of Liver & Chronic Gastritis</i>	How long	<i>Two years.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Two days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. H. Lyndel M.D.</i>
		Address	<i>Drummers. Wicomico Co. Md.</i>
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

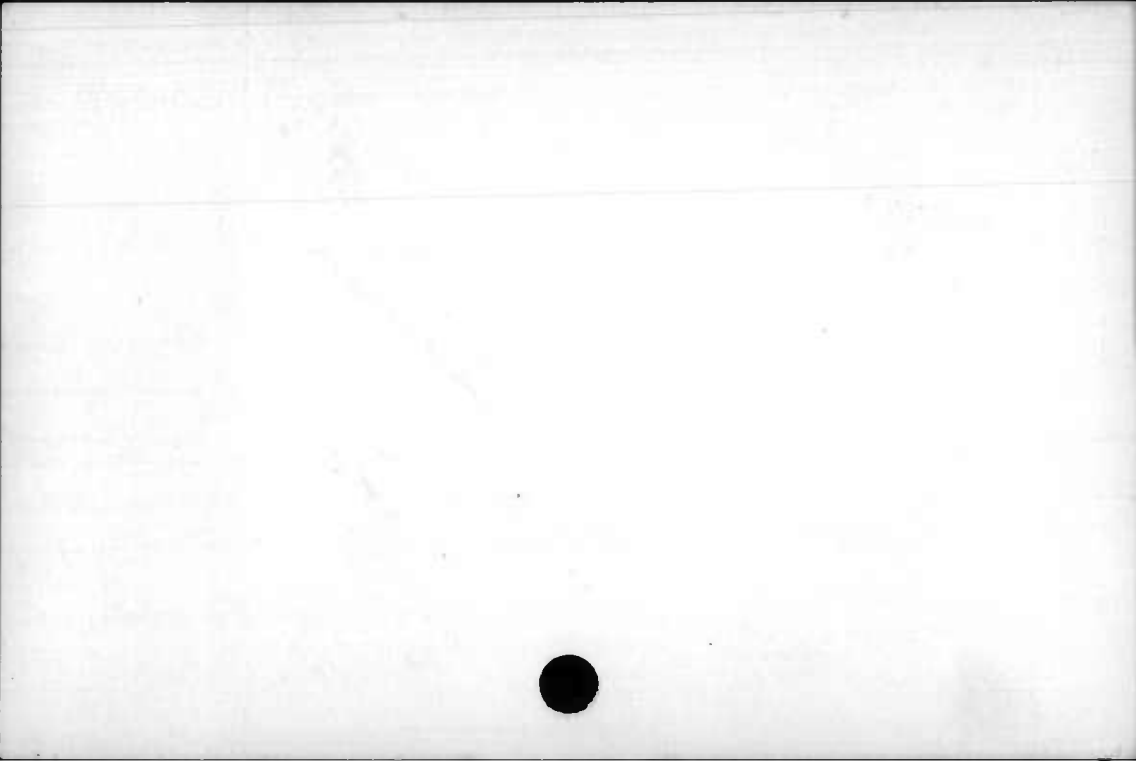
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sallie M Shookley</i>		Town <i>near Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>near Salisbury</i>		Month <i>May</i>		Day <i>20</i>		Years <i>26</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>20</i>		Years <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Del.</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Sampson R Shookley</i>		Father's Birthplace <i>Del.</i>					
Mother's Maiden Name <i>Virginia A Wainright</i>		Mother's Birthplace <i>Del.</i>					
Name of person giving information <i>John R Shookley</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>1 year?</i>	
Immediate <i>General Excitation & Lungs</i>		How long <i>Several minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Louise L. Remis M.D.</i>	
		Address <i>Salisbury Del.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>W. Grason Smith</i>		Town <i>Salisbury</i>		County <i>Wilkes</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Date of death <i>1907 May 29</i>		Age <i>68</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Dorchester Co. Md.</i>			
Occupation		Where Residing if not at place of death <i>Williamsburg Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Laura V. Smith</i>					
Father's Name <i>Rossden Smith</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>W. C. Bradley</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

79

Primary *Rupture of Heart -*

Immediate

Are the name, age, sex, color, date and place correctly given above?

As far as I know

Signature of Physician

Address

Harry C. Full
Salisbury Md

Accident or Suicide?

I did not see case until after death.
From the history of case, I would judge
the man died from above cause (Best
of my knowledge)

Harry Full M D

Name
in
Full

Louis B. Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

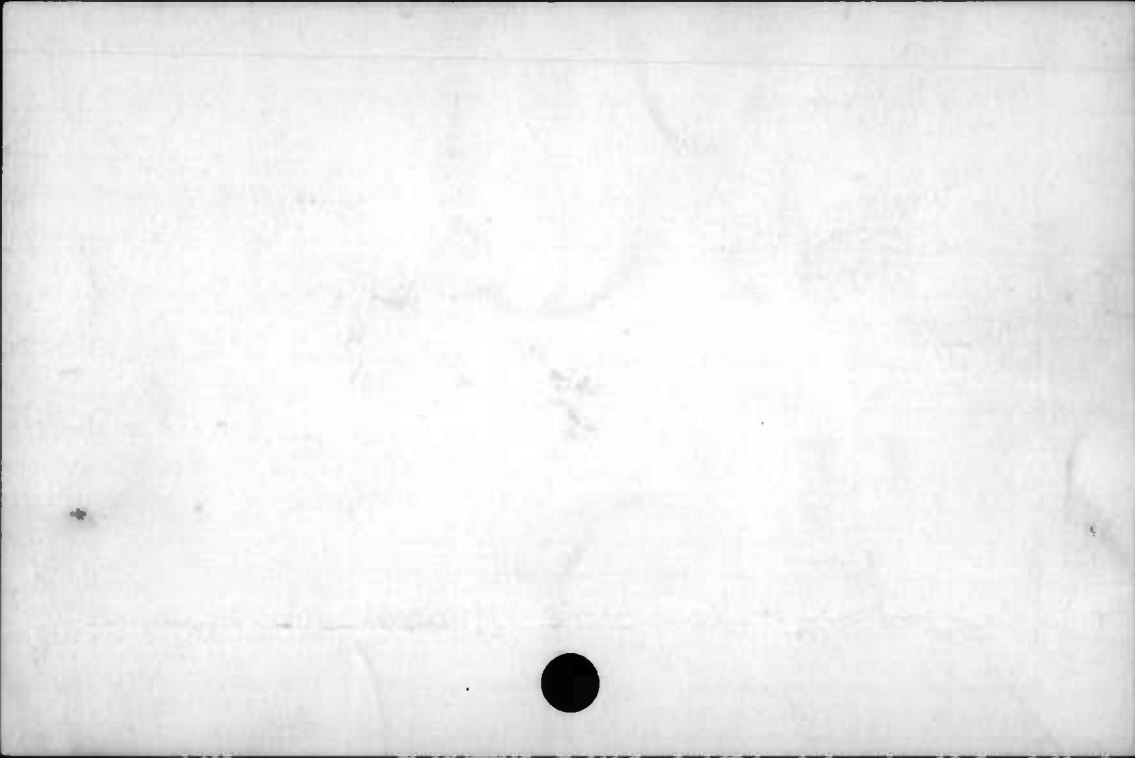
Died at <i>Nanticoke</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>12</i>	Age <i>about 52</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Nanticoke</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edith M. Goodwin</i>				
Father's Name <i>Henry Goodwin</i>		Father's Birthplace <i>Salisbury, Md.</i>			
Mother's Maiden Name <i>Mary Pollitt</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mare C. Baker</i>		How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Cerebral Degeneration</i>	How long <i>6 yrs.</i>
Immediate <i>Acute Degeneration</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Beck, M.D.</i>
	Address <i>...</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

George Eldon Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

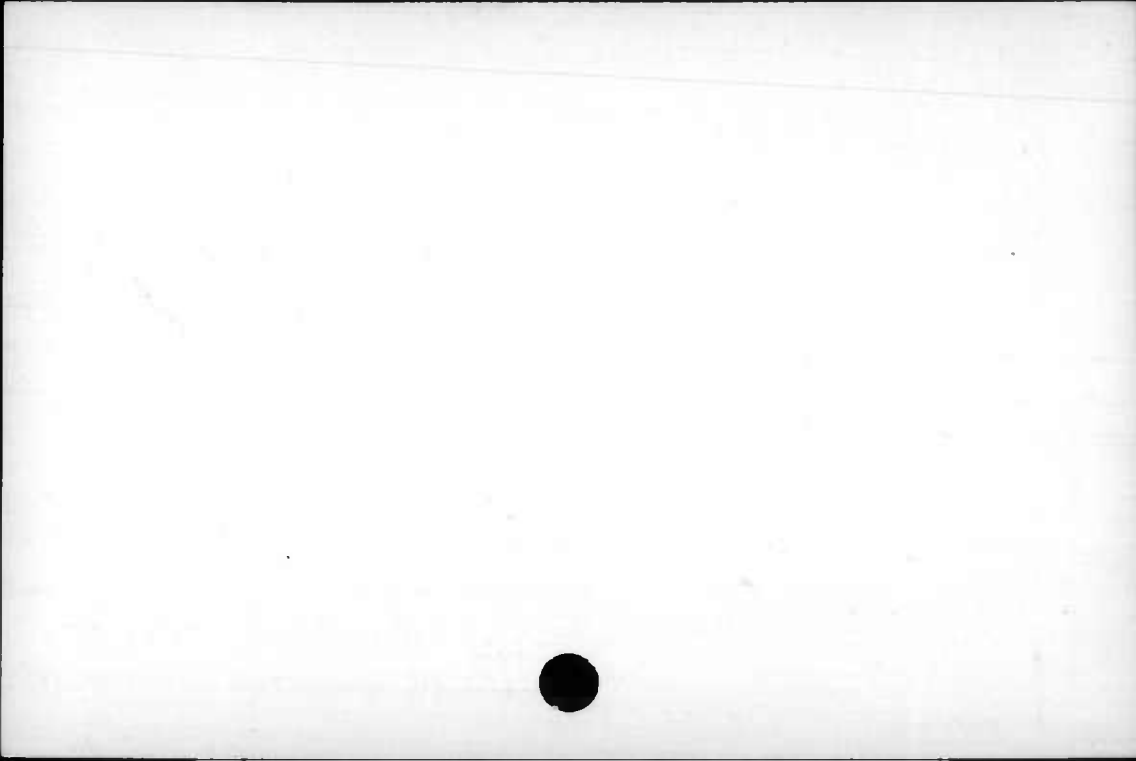
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>30th</i>	Age <i>1</i>	Years <i>8</i>	Months <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>		
Occupation <i>~~~~~</i>			Where Residing if not at place of death <i>~~~~~</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>			
Father's Name <i>James H. Townsend</i>			Father's ^{Year} Birthplace <i>Snow Hill Md.</i>		
Mother's Maiden Name <i>Hannah M. Adams</i>			Mother's Birthplace <i>Salisbury Md.</i>		
Name of person giving information <i>James H. Townsend</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 months or more</i>
Immediate <i>Keeningsel Complication</i>	How long <i>2 weeks?</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Louis W. ... M.D.</i>
	Address <i>~~~~~ Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

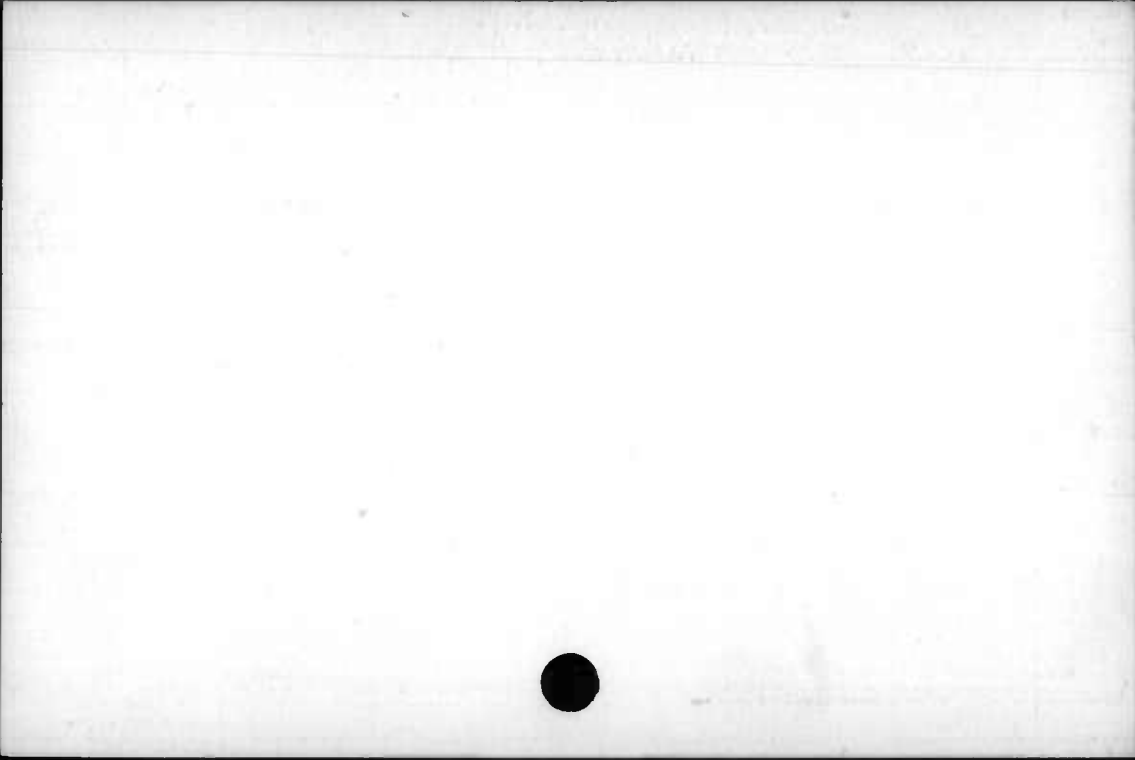
TO BE ANSWERED BY
NEAREST FRIEND

Infant no name, Twilley		Town		County		MARYLAND	
Died at Salisbury		Month		Day		Years	
Date of death 1907		May		29		Age	
Sex Female		Color or Race Black		Birth-place Md		Months 10 Days	
Occupation None		Where Residing if not at place of death Salisbury					
Married, Single or Widowed Child		Name of Wife or Husband Not any					
Father's Name James Twilley		Father's Birthplace Md					
Mother's Maiden Name Sarah Horsey		Mother's Birthplace Md					
Name of person giving information James Twilley		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		(71)		How long	
Immediate Spasms				How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr C R Truitt			
		Address Salisbury Md			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

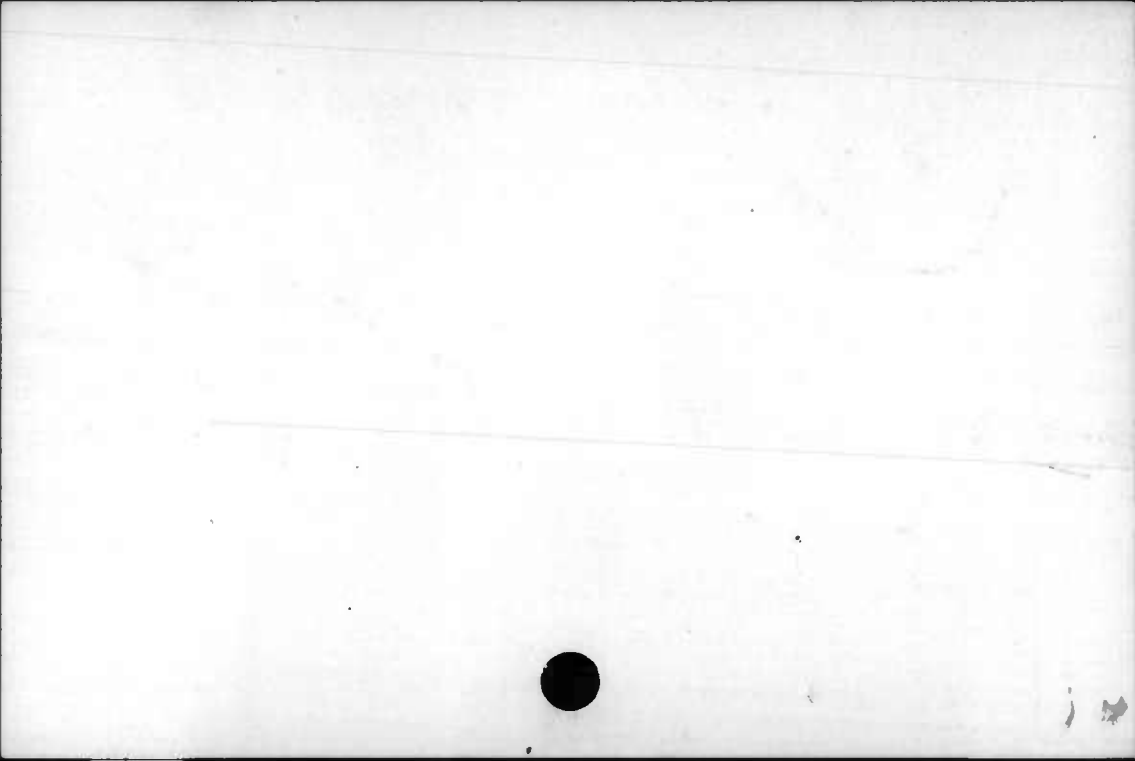
Died at <i>Near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>9</i>	Age <i>5-9</i>	Years <i>5-9</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wicomico</i>					
Occupation <i>Housekeeper</i>	Where Residing, if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>E. M. Walston</i>						
Father's Name <i>Geo. K. Perdue</i>	Father's Birthplace <i>Wicomico</i>						
Mother's Maiden Name <i>Katherine Smith</i>	Mother's Birthplace <i>Del</i>						
Name of person giving information <i>E. M. Walston</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption (Phthisis)</i>	How long	<i>Year</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo. W. Todd</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

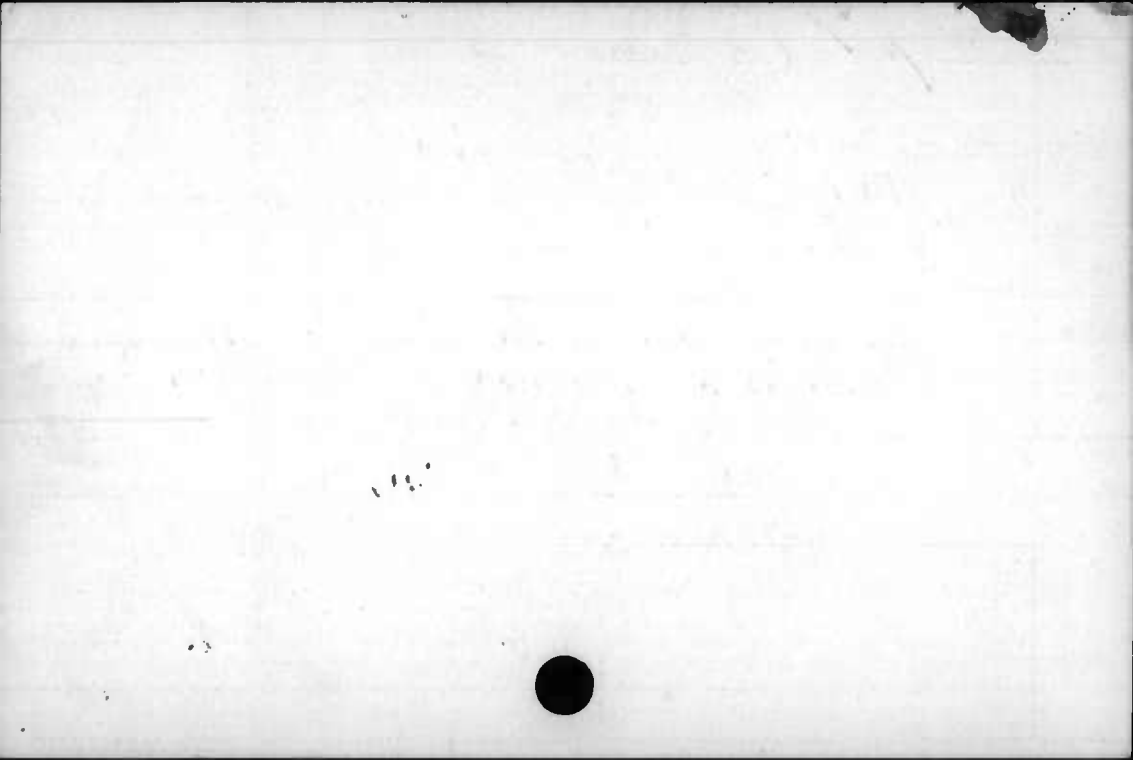
Name in Full <i>Capitol William</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Home</i>		Month <i>5</i>		Day <i>19</i>		Years <i>41</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Wicomico</i>			
Occupation <i>Farm</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Sandy Williams</i>		Father's Birthplace <i>Wicomico</i>					
Mother's Maiden Name <i>Sarah Heaton</i>		Mother's Birthplace					
Name of person giving information <i>Late Williams</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James Brashaw</i>
		Address <i>Delmar Del</i>
Accident or Suicide?		



Name
in
Full

Lloyd Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shad Pt.</i> ^{Town}		<i>Micomico</i> ^{County}		MARYLAND	
Date of death <i>1907 May 10</i>		Age <i>3</i> Years		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Shad Pt.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Fred. Williams</i>		Father's Birthplace <i>Micomico</i>			
Mother's Maiden Name <i>Ida Thompson</i>		Mother's Birthplace <i>Oxford</i>			
Name of person giving information <i>O. R. Carver</i>		How related to deceased <i>Brother in Law</i>			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Acute Meningitis</i>	How long <i>1 week</i>
Immediate <i>Hyper-pyrexia & Coma</i>	How long <i>24 to 36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Louis W. Morris M.D.</i>
	Address <i>Delaware</i>
	<i>Ind</i>
Accident or Suicide?	

